# Week 12 Team B Worksheet

Peptic Ulcer and Peritonitis

Ms. X., age 76, has been admitted to the emergency department with severe generalized abdominal pain and vomiting. No significant findings were immediately evident to indicate a cause, so she was admitted. Six hours later, Ms. X.'s blood pressure began to drop, and her pulse was rapid but thready. Exploratory abdominal surgery revealed a perforated gastric ulcer and peritonitis.

1. Describe the process by which an ulcer develops. Are ulcers limited to the stomach or can they occur elsewhere in the GI system? If so, where?
2. Suggest several possible factors contributing to ulcer formation. What questions would you want to as Ms. X. to determine her risk for gastric ulcers?
3. Explain why peptic ulcer may not be diagnosed in an early stage of development. In other words, why were there not any initial significant findings?
4. During her admission, Ms. X. continued to decompensate, and developed bacterial peritonitis. Describe the process of perforation of an ulcer and how this can lead to complications, including bacterial peritonitis.
5. Explain why Ms. X. showed signs of shock. Which type of shock would you expect?
6. Ms. X. was given antibiotics, intravenous fluids, and intravenous alimentation (total parenteral nutrition). Explain how each of these treatments functions to return Ms. X. to a more homeostatic state.